

Fill in this information to identify your case and this filing:

Debtor 1	Anthony	J.	DiNuova
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <u>New Jersey</u>			
Case number	<u>24-14168</u>		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1 2413 Hartford Dr

Street address, if available, or other description

Glendora, NJ 08029-1756

City State ZIP Code

Camden

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$319,100.00

Current value of the portion you own?

\$319,100.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Homestead

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here →

\$319,100.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No

Yes

3.1	Make: <u>Chevrolet</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>Suburban</u>	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
Year: <u>2010</u>				
Approximate mileage: <u>153,000</u>	<input type="checkbox"/> Check if this is community property (see instructions)			Current value of the entire property? <u>\$1,500.00</u>
Other information: <u>car loan (obtained in 2014)</u>				

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$1,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.

major appliances, furniture, kitchenware, 3 beds, kitchen table**\$3,000.00**

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.

TVs, computers, printers, electronic devices and cell phones**\$1,000.00**

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.

10. **Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.11. **Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.**everyday clothes****\$800.00**12. **Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.**everyday jewelry, costume jewelry, engagement rings, wedding rings, watches****\$1,500.00**13. **Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.14. **Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →**\$6,300.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. **Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes Cash:17. **Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes Institution name:17.1. Checking account: **TD Bank****\$400.00**

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them. ...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them.**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them.**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.

35. Any financial assets you did not already list

No

Yes. Give specific information.

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

\$400.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe.

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.

Tools of the trade (related to plumbing), hand tools, small power tools, etc.

\$3,000.00

41. Inventory

No

Yes. Describe.

42. Interests in partnerships or joint ventures

No

Yes. Describe.

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

44. Any business-related property you did not already list

No

Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here → \$3,000.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here → \$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here → \$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$319,100.00

56. Part 2: Total vehicles, line 5 \$1,500.00

57. Part 3: Total personal and household items, line 15 \$6,300.00

58. Part 4: Total financial assets, line 36 \$400.00

59. Part 5: Total business-related property, line 45 \$3,000.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 \$0.00

62. Total personal property. Add lines 56 through 61. \$11,200.00 Copy personal property total → + \$11,200.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$330,300.00

Fill in this information to identify your case:

Debtor 1	Anthony	J.	DiNuova
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District of New Jersey		
Case number (if known)	24-14168		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

1. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description: 2413 Hartford Dr Glendora, NJ 08029-1756	\$319,100.00	<input checked="" type="checkbox"/> \$10,891.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1) <hr/> <hr/>
Line from Schedule A/B: 1.1			
Brief description: major appliances, furniture, kitchenware, 3 beds, kitchen table	\$3,000.00	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3) <hr/> <hr/>
Line from Schedule A/B: 6			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1

Anthony J. DiNuova
First Name Middle Name Last Name

Case number (if known) 24-14168

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: TVs, computers, printers, electronic devices and cell phones	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u> _____ _____
Line from Schedule A/B: <u>7</u>			
Brief description: everyday clothes	<u>\$800.00</u>	<input checked="" type="checkbox"/> <u>\$800.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u> _____ _____
Line from Schedule A/B: <u>11</u>			
Brief description: everyday jewelry, costume jewelry, engagement rings, wedding rings, watches	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(4)</u> _____ _____
Line from Schedule A/B: <u>12</u>			
Brief description: TD Bank Checking account	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u> _____ _____
Line from Schedule A/B: <u>17</u>			
Brief description: Tools of the trade (related to plumbing), hand tools, small power tools, etc.	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,875.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(6)</u> _____ _____
Line from Schedule A/B: <u>40.1</u>			
		<input checked="" type="checkbox"/> <u>\$1,125.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u> _____ _____

Threshold

319,100 FMV
- 31,910 COS
-276,199 mortg.

10,891
-10,891 d1

0

Fill in this information to identify your case:

Debtor 1	Anthony	J.	DiNuova
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if 24-14168 known)			

Check if this is an amended filing

Official Form 106DSchedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.				
2.1	GMAC Creditor's Name Payment Processing Center PO Box 78143 Number Street Phoenix, AZ 85062-8143 City State ZIP Code	Describe the property that secures the claim: 2010 Chevrolet Suburban car loan (obtained in 2014)	\$16,000.00 \$1,500.00 \$14,500.00	
		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
	Date debt was incurred _____	Last 4 digits of account number _____		
	Add the dollar value of your entries in Column A on this page. Write that number here: \$16,000.00			

Debtor 1

Anthony

J.

DiNuova

Case number (if known) 24-14168

First Name

Middle Name

Last Name

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Column B

Column C

Amount of claim

Value of collateral that supports this claim

Unsecured portion
If any

Do not deduct the value of collateral.

Part 1:	Additional Page		
	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		
2.2	KML Law Group Creditor's Name 701 Market Street Suite 5000 BNY	Describe the property that secures the claim: [Redacted]	<u>unknown</u> <u>\$0.00</u> <u>\$0.00</u>
	Number Street	As of the date you file, the claim is: Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Philadelphia, PA 19106 City State ZIP Code	Nature of lien. Check all that apply.	
	Who owes the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	
	Date debt was incurred	Last 4 digits of account number	
	Remarks: for informational purposes only		
2.3	Select Portfolio Servicing Creditor's Name c/o KML Law Group P.C.	Describe the property that secures the claim: [Redacted]	<u>unknown</u> <u>\$0.00</u> <u>\$0.00</u>
	Number Street	As of the date you file, the claim is: Check all that apply.	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	216 Haddon Avenue Suite 406 City State ZIP Code	Nature of lien. Check all that apply.	
	Who owes the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	
	Date debt was incurred	Last 4 digits of account number	
	Remarks: for informational purposes only		
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$0.00</u>	
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		<u> </u>	

Debtor 1

Anthony

J.

DiNuova

Case number (if known) 24-14168

First Name

Middle Name

Last Name

Additional Page

Part 1:

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Column B

Column C

Amount of claim

Value of collateral that supports this claim

Unsecured portion
If any

<u>2.4</u> Select Portfolio Servicing/US Bank	Describe the property that secures the claim: <u>\$276,199.00</u>	<u>\$319,100.00</u>	<u>\$0.00</u>
Creditor's Name PO Box 65250	2413 Hartford Dr Glendora, NJ 08029-1756		
Number Street	As of the date you file, the claim is: Check all that apply.		
Salt Lake City, UT 84165-0250	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed
City State ZIP Code			
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)		
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit		
<input checked="" type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other (including a right to offset) _____		
<input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred	Last 4 digits of account number _____		
Remarks: arrears are \$69,623			
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$276,199.00</u>	
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		<u>\$292,199.00</u>	

Fill in this information to identify your case:

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	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)	24-14168		

Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Aetna	Last 4 digits of account number	7 0 9 9
Nonpriority Creditor's Name		\$169.40	
c/o ORS		When was the debt incurred?	
PO Box 2911269		As of the date you file, the claim is: Check all that apply.	
Number	Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Nashville, TN 37229-1269			
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Anthony

J.

J.

Scanser
DiNuova

Case number (*if known*) 24-14168

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4	Breg, Inc. Nonpriority Creditor's Name c/o Benuck & Rainey, Inc.		Last 4 digits of account number	\$191.69
	25 Concord Road Number Street Lee, NH 03861-6659		When was the debt incurred?	
	City	State	ZIP Code	
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.5	Capital One Bank Nonpriority Creditor's Name 5800 North Course Drive		Last 4 digits of account number	\$4,977.96
	Number	Street		
	Houston, TX 77072			
	City	State	ZIP Code	
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1

Anthony

J.

J.

DiNuova

Case number (*if known*) 24-14168

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.6	Capital One Bank Nonpriority Creditor's Name c/o Pressler & Pressler 7 Entin Road Number Street Parsippany, NJ 07054-5020 City State ZIP Code		Last 4 digits of account number _____ When was the debt incurred? _____	\$5,796.01
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
4.7	Capital One Bank Nonpriority Creditor's Name c/o Pressler & Pressler 7 Entin Road Number Street Parsippany, NJ 07054-5020 City State ZIP Code		Last 4 digits of account number _____ When was the debt incurred? _____	\$5,560.22
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1

Anthony

J.

DiNuova

Case number (if known) 24-14168

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.8	Capital One Bank USA Nonpriority Creditor's Name 810 Bloomfield Avenue Number Street Caldwell, NJ 07006 City State ZIP Code	Last 4 digits of account number _____	When was the debt incurred? _____	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim <u>unknown</u>
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.9	Capital One Bank USA NA Nonpriority Creditor's Name c/o Hayt, Hyt & Landau, LLC Two Industrial Way West Number Street Eatontown, NJ 07724-0500 City State ZIP Code	Last 4 digits of account number _____	When was the debt incurred? _____	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,130.22
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1

Anthony

J.

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Case number (if known) 24-14168

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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.10	Capital One Bank USA NA Nonpriority Creditor's Name PO Box 71083 Number Street Charlotte, NC 28272-1083 City State ZIP Code	Last 4 digits of account number _____	\$4,725.12
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
		Who incurred the debt? Check one.	
		<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.11	Cavalry Portfolio Services Nonpriority Creditor's Name 500 Summit Lake Drive Suite 400 Number Street Valhalla, NY 10595 City State ZIP Code	Last 4 digits of account number _____	unknown
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
		Who incurred the debt? Check one.	
		<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1

Anthony

J.

DiNuova

Case number (if known) 24-14168

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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.12	Citizens Bank Nonpriority Creditor's Name c/o Central Credit Services, LLC PO Box 1880 Number Street Saint Charles, MO 63302-1880 City State ZIP Code	Last 4 digits of account number _____	\$356.27
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
		Who incurred the debt? Check one.	
		<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.13	Comcast Xfinity Nonpriority Creditor's Name PO Box 70219 Number Street Philadelphia, PA 19176 City State ZIP Code	Last 4 digits of account number _____	\$529.82
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities	
		Who incurred the debt? Check one.	
		<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1

Anthony

J.

J.
Middle Name

Scanser
DiNuova

Scanser
DiNuova

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.14	Cooper University Health Care		Last 4 digits of account number	_____	\$597.00
Nonpriority Creditor's Name			When was the debt incurred?		
PO Box 95000					
Number	Street		As of the date you file, the claim is: Check all that apply.		
Philadelphia, PA 19195-0001			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.15	Cooper University Health Care		Last 4 digits of account number	_____	\$289.00
Nonpriority Creditor's Name			When was the debt incurred?		
PO Box 95000					
Number	Street		As of the date you file, the claim is: Check all that apply.		
Philadelphia, PA 19195-0001			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1

Anthony

J.

DiNuova

First Name

Middle Name

Last Name

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After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.16	Cooper University Health Care Nonpriority Creditor's Name c/o Arcadia Recovery Bureau LLC PO Box 70256 Number Street Philadelphia, PA 19176-0256 City State ZIP Code	Last 4 digits of account number _____	\$199.00
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.17	Credit One Bank Nonpriority Creditor's Name PO Box 60500 Number Street City of Industry, CA 91716 City State ZIP Code	Last 4 digits of account number _____	\$424.05
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Anthony

J.

J.

Scanser
DiNuova

Scanser
DiNuova

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.18	Emerg Phy Assoc of S Jersey Nonpriority Creditor's Name c/o ARS PO Box 630806 Number Street Cincinnati, OH 45263-0806 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____	\$148.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.19	Emerg Phy Assoc of SJ Nonpriority Creditor's Name c/o HRRG PO Box 5406 Suite 100 Number Street Cincinnati, OH 45273-7942 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____	\$1,089.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

Anthony

J.

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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.20	GTMUA Nonpriority Creditor's Name PO Box 216 Number Street Glendora, NJ 08029 City State ZIP Code	Last 4 digits of account number _____	\$149.16
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
		Who incurred the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
		Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.21	Haddon Emergency Physicians Nonpriority Creditor's Name c/o Harvard Collection 4839 N Elston Avenue Number Street Chicago, IL 60630-2534 City State ZIP Code	Last 4 digits of account number _____	\$875.00
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
		Who incurred the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
		Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Anthony

J.

DiNuova

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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.22	Haddon Emergency Physicians Nonpriority Creditor's Name <u>c/o Transworld Systems Inc</u>	Last 4 digits of account number	_____	unknown
	PO Box 15095 Number Street <u>19850-5095</u>	When was the debt incurred?	_____	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.23	HSBC Bank Nevada, NA/Orchard Bank Nonpriority Creditor's Name <u>330 S. Warminster Road Suite 353</u>	Last 4 digits of account number	_____	\$529.79
	Hatboro, PA 19040 Number Street City State ZIP Code	When was the debt incurred?	_____	
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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Anthony

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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.24	HSBC Card Services Nonpriority Creditor's Name PO Box 385908 Number Street Minneapolis, MN 55438-5908 City State ZIP Code	Last 4 digits of account number _____	\$490.00
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.25	Kennedy Health System Nonpriority Creditor's Name s/o Jefferson Cherry Hill Hospital 2201 Chapel Avenue West Number Street Cherry Hill, NJ 08002 City State ZIP Code	Last 4 digits of account number _____	unknown
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

Anthony

J.

J.

Scanser
DiNuova

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DiNuova

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

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Total claim

4.26	Kennedy Health System		Last 4 digits of account number	_____	\$11,367.06
Nonpriority Creditor's Name			When was the debt incurred?		
PO Box 958					
Number	Street		As of the date you file, the claim is: Check all that apply.		
Woodbury, NJ 08096			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.			<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.27	Mainline Emergency Medicine		Last 4 digits of account number	_____	\$492.00
Nonpriority Creditor's Name			When was the debt incurred?		
PO Box 415751					
Number	Street		As of the date you file, the claim is: Check all that apply.		
Boston, MA 02241-5751			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.			Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
Is the claim subject to offset?			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

Anthony

J.

DiNuova

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First Name

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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.28	Merrick Bank Nonpriority Creditor's Name PO Box 660702 Number Street Dallas, TX 75266 City State ZIP Code	Last 4 digits of account number _____	\$809.53
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Who incurred the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
		Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.29	Midland Funding LLC Nonpriority Creditor's Name 3111 Camino Del Rio North Suite 1300 Number Street San Diego, CA 92108 City State ZIP Code	Last 4 digits of account number _____	<u>unknown</u>
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Who incurred the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
		Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Anthony

J.

DiNuova

Case number (if known) 24-14168

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.30	Millennium Health LLC Nonpriority Creditor's Name PO Box 844468 Number Street Dallas, TX 75284-4468 City State ZIP Code	Last 4 digits of account number _____	\$198.00
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>_____</u>	
		Who incurred the debt? Check one.	
		<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.31	New Jersey American Water Nonpriority Creditor's Name PO Box 578 Number Street Alton, IL 62002 City State ZIP Code	Last 4 digits of account number _____	\$300.00
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>	
		Who incurred the debt? Check one.	
		<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1

Anthony

J.

J.

DiNuova

DiNuova

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.32	Progressive Garden State Ins Co.		Last 4 digits of account number	\$82.67
Nonpriority Creditor's Name		When was the debt incurred?		
c/o Credit Collection Services				
725 Canton Street		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Norwood, MA 02062				
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.33	PSE&G		Last 4 digits of account number	\$707.18
Nonpriority Creditor's Name		When was the debt incurred?		
PO Box 14444				
Number	Street			
New Brunswick, NJ 08906		As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1

Anthony

J.

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.34	Quest Diagnostics		Last 4 digits of account number	_____	\$486.65
Nonpriority Creditor's Name			When was the debt incurred?		
c/o Credit Collection Services					
Two Wells Avenue			As of the date you file, the claim is: Check all that apply.		
Number	Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Newton Center, MA 02459					
City	State	ZIP Code			
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.35	South Jersey Gas		Last 4 digits of account number	_____	\$226.73
Nonpriority Creditor's Name			When was the debt incurred?		
Po Box 6091					
Number	Street				
Bellmawr, NJ 08099-6091					
City	State	ZIP Code			
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1

Anthony

J.

DiNuova

Case number (if known) 24-14168

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.36	Sprint Nonpriority Creditor's Name PO Box 4191 Number Street Carol Stream, IL 60197 City State ZIP Code	Last 4 digits of account number _____	\$825.89
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>	
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.37	Temple University Hospital Nonpriority Creditor's Name 3401 North Broad Street Number Street Philadelphia, PA 19140 City State ZIP Code	Last 4 digits of account number _____	\$110.21
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

Anthony

J.

J.

Scanser
DiNuova

Scanser
DiNuova

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.38	Virtua Health System		Last 4 digits of account number	_____	\$100.00
Nonpriority Creditor's Name			When was the debt incurred?		
c/o Apex Asset Management LLC					
PO Box 7044			As of the date you file, the claim is: Check all that apply.		
Number	Street		<input type="checkbox"/> Contingent		
Lancaster, PA 17606-5407			<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.39	Virtua West Jersey Health System		Last 4 digits of account number	_____	\$100.00
Nonpriority Creditor's Name			When was the debt incurred?		
PO Box 8500			As of the date you file, the claim is: Check all that apply.		
Number	Street		<input type="checkbox"/> Contingent		
Philadelphia, PA 19178-8267			<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1

Anthony

J.

DiNuova

Case number (if known) 24-14168

First Name

Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	<u>\$0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$51,734.71</u>
	6j. Total. Add lines 6f through 6i.	<u>\$51,734.71</u>

Fill in this information to identify your case:

Debtor 1	Anthony	J.	DiNuova
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District of New Jersey		
Case number (if known)	24-14168		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease			State what the contract or lease is for
2.1	Name			
	Number	Street		
	City	State	ZIP Code	
2.2	Name			
	Number	Street		
	City	State	ZIP Code	
2.3	Name			
	Number	Street		
	City	State	ZIP Code	
2.4	Name			
	Number	Street		
	City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	<u>Anthony</u>	<u>J.</u>	<u>DiNuova</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <u>New Jersey</u>			
Case number (if known)	<u>24-14168</u>		

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
Check all schedules that apply:	
3.1 Paula DiNuova Name Huntington St Number Street City State ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.3, 2.4</u> <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3.2 Name Number Street City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	Anthony	J.	DiNuova
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District of New Jersey		
Case number (if known)	24-14168		

Check if this is:

- An amended filing
- A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse	
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed	
Occupation	<u>Plumber</u>		
Employer's name	<u>Alliance Service Pros - Plumbing & Heating</u>		
Employer's address	Number Street	Number Street	
	_____	_____	
	_____	_____	
	_____	_____	
Hainesport, NJ 08036	City	State	Zip Code
How long employed there?	since 3/24		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. <u>\$5,828.00</u>	<u>\$0.00</u>
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	+ <u>\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$5,828.00</u>	<u>\$0.00</u>

Debtor 1

Anthony J. DiNuova

Case number (if known) 24-14168

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... →	4. <u>\$5,828.00</u>	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. <u>\$719.00</u>	\$0.00
5b. Mandatory contributions for retirement plans	5b. <u>\$0.00</u>	\$0.00
5c. Voluntary contributions for retirement plans	5c. <u>\$0.00</u>	\$0.00
5d. Required repayments of retirement fund loans	5d. <u>\$0.00</u>	\$0.00
5e. Insurance	5e. <u>\$0.00</u>	\$0.00
5f. Domestic support obligations	5f. <u>\$0.00</u>	\$0.00
5g. Union dues	5g. <u>\$0.00</u>	\$0.00
5h. Other deductions. Specify: _____	5h. + <u>\$0.00</u>	+ <u>\$0.00</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$719.00</u>	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. <u>\$5,109.00</u>	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <u>\$0.00</u>	\$0.00
8b. Interest and dividends	8b. <u>\$0.00</u>	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <u>\$0.00</u>	\$0.00
8d. Unemployment compensation	8d. <u>\$0.00</u>	\$0.00
8e. Social Security	8e. <u>\$0.00</u>	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. <u>\$0.00</u>	\$0.00
8g. Pension or retirement income	8g. <u>\$0.00</u>	\$0.00
8h. Other monthly income. Specify: _____	8h. + <u>\$0.00</u>	+ <u>\$0.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$0.00</u>	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. <u>\$5,109.00</u>	+ <u>\$0.00</u> = <u>\$5,109.00</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + <u>\$0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. <u>\$5,109.00</u>	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No. _____ <input type="checkbox"/> Yes. Explain: _____	

Fill in this information to identify your case:

Debtor 1	Anthony	J.	DiNuova
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District of New Jersey		
Case number (if known)	24-14168		

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

 MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not list Debtor 1 and Debtor 2.			<u>daughter</u>	<u>23</u>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
Do not state the dependents' names.			<u>daughter</u>	<u>28</u>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
			_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
			_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
			_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4.	<u>\$1,740.00</u>
4a.	<u>\$0.00</u>
4b.	<u>\$0.00</u>
4c.	<u>\$0.00</u>
4d.	<u>\$0.00</u>

Debtor 1

Anthony

J.

DiNuova

First Name

Middle Name

Last Name

Case number (if known) 24-14168**Your expenses**

5. Additional mortgage payments for your residence, such as home equity loans	5. <u>\$0.00</u>
6. Utilities:	
6a. Electricity, heat, natural gas	6a. <u>\$180.00</u>
6b. Water, sewer, garbage collection	6b. <u>\$0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$180.00</u>
6d. Other. Specify: _____	6d. <u>\$0.00</u>
7. Food and housekeeping supplies	7. <u>\$600.00</u>
8. Childcare and children's education costs	8. <u>\$0.00</u>
9. Clothing, laundry, and dry cleaning	9. <u>\$60.00</u>
10. Personal care products and services	10. <u>\$60.00</u>
11. Medical and dental expenses	11. <u>\$60.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$220.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$0.00</u>
14. Charitable contributions and religious donations	14. <u>\$0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. <u>\$0.00</u>
15b. Health insurance	15b. <u>\$0.00</u>
15c. Vehicle insurance	15c. <u>\$300.00</u>
15d. Other insurance. Specify: _____	15d. <u>\$0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. <u>\$0.00</u>
17b. Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c. Other. Specify: <u>storage unit</u>	17c. <u>\$200.00</u>
17d. Other. Specify: _____	17d. <u>\$0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. <u>\$0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. <u>\$0.00</u>
20b. Real estate taxes	20b. <u>\$0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e. Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1

Anthony J. DiNuova
First Name Middle Name Last Name

Case number (if known) 24-14168

21. **Other.** Specify: _____

21. + **\$0.00**

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. **\$3,600.00**

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. **\$0.00**

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. **\$3,600.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. **\$5,109.00**

23b. Copy your monthly expenses from line 22c above.

23b. - **\$3,600.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$1,509.00**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

None

Yes.

Fill in this information to identify your case:

Debtor 1	Anthony	J.	DiNuova
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District of New Jersey		
Case number (if known)	24-14168		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$319,100.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$11,200.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$330,300.00

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$292,199.00
---	---------------------

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$51,734.71

Your total liabilities

\$343,933.71

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$5,109.00
---	-------------------

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$3,600.00
---	-------------------

Debtor 1

Anthony

J.

DiNuova

First Name

Middle Name

Last Name

Case number (if known) **24-14168**

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$5,828.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) **\$0.00**

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) **\$0.00**

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) **\$0.00**

9d. Student loans. (Copy line 6f.) **\$0.00**

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) **\$0.00**

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) **+ \$0.00**

9g. **Total.** Add lines 9a through 9f. **\$0.00**

Fill in this information to identify your case:

Debtor 1	<u>Anthony</u>	<u>J.</u>	<u>DiNuova</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of New Jersey</u>		
Case number (if known)	<u>24-14168</u>		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____ Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

 /s/ Anthony J. DiNuova
Anthony J. DiNuova, Debtor 1

Date 05/20/2024
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	Anthony	J.	DiNuova
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District of New Jersey		
Case number (if known)	24-14168		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married **(SEPARATED)**
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

Debtor 1	Sources of income	Gross Income (before deductions and exclusions)	Debtor 2	Sources of income	Gross Income (before deductions and exclusions)
----------	-------------------	--	----------	-------------------	--

From January 1 of current year until the date you filed for bankruptcy:

Wages, commissions, bonuses, tips **\$5,828.00**
 Operating a business

Wages, commissions, bonuses, tips
 Operating a business

Debtor 1 **Anthony J. DiNuova** Case number (if known) **24-14168**

First Name Middle Name Last Name

For last calendar year: (January 1 to December 31, <u>2023</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$58,877.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2022</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$87,878.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

No

Yes. Fill in the details.

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Debtor 1 **Anthony J. DiNuova** Case number (if known) 24-14168

First Name Middle Name Last Name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title	<u>Select Portfolio Services v. DiNuova</u>	<u>Superior Court of New Jersey</u>	<input type="checkbox"/> Pending
Case number		Court Name	<input type="checkbox"/> On appeal
		Number Street	<input checked="" type="checkbox"/> Concluded
		City	State ZIP Code

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Debtor 1

Anthony

J.

DiNuova

First Name

Middle Name

Last Name

Case number (if known) 24-14168

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

 No Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Jenkins Law Group	Person Who Was Paid	Attorney's Fee	<u>4/2024</u>	<u>\$0.00</u>
412 S. Whitehorse Pike	Number Street			<u>plus from last Ch 13</u>
Audubon, NJ 08106	City State ZIP Code			
	Email or website address			
Person Who Made the Payment, if Not You				
		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Credit, Allen	Person Who Was Paid		<u>4/2024</u>	<u>\$20.00</u>
800 Dakota Ave.	Number Street			
Huron, SD 57350	City State ZIP Code			
	Email or website address			
Person Who Made the Payment, if Not You				

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

Debtor 1 Anthony J. DiNuova Case number (if known) 24-14168

First Name Middle Name Last Name

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Debtor 1

Anthony

J.

DiNuova

Case number (if known) 24-14168

First Name

Middle Name

Last Name

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

 No Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

 No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

 No Yes. Fill in the details below.

Debtor 1

Anthony J. DiNuova

First Name

J.

Middle Name

DiNuova

Last Name

Case number (if known) 24-14168

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Anthony J. DiNuova

Signature of Anthony J. DiNuova, Debtor 1

Date 05/20/2024

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Anthony	J.	DiNuova
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District of New Jersey		
Case number (if known)	24-14168		

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
 3. The commitment period is 3 years.
 4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	<i>Column A</i> Debtor 1	<i>Column B</i> Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$5,828.00	\$0.00
3. Alimony and maintenance payments. Do not include payments from a spouse.	\$0.00	\$0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$0.00	\$0.00

5. Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$0.00	\$0.00
Ordinary and necessary operating expenses	\$0.00	\$0.00
Net monthly income from a business, profession, or farm	\$0.00	\$0.00

Copy here → **\$0.00**

\$0.00

6. Net income from rental and other real property

	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$0.00	\$0.00
Ordinary and necessary operating expenses	\$0.00	\$0.00
Net monthly income from rental or other real property	\$0.00	\$0.00

Copy here → **\$0.00**

\$0.00

Debtor 1

Anthony J. DiNuova

First Name Middle Name Last Name

Case number (if known) 24-14168

7. Interest, dividends, and royalties

\$0.00

\$0.00

8. Unemployment compensation

\$0.00

\$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you..... \$0.00

For your spouse..... \$0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$0.00

\$0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

+ _____

+ _____

\$5,828.00

\$0.00

= \$5,828.00

Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. \$5,828.00

13. Calculate the marital adjustment. Check one:

You are not married. Fill in 0 below.

You are married and your spouse is filing with you. Fill in 0 below.

You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

+ _____

\$0.00

Copy here. →

- \$0.00

Total.....

14. Your current monthly income. Subtract the total in line 13 from line 12. \$5,828.00

Debtor 1 Anthony J. DiNuova Case number (if known) 24-14168
 First Name Middle Name Last Name

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → \$5,828.00

Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form.....

\$69,936.00

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. New Jersey

16b. Fill in the number of people in your household. 3

16c. Fill in the median family income for your state and size of household. \$130,239.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3.* Do NOT fill out *Calculation of Your Disposable Income (Official Form 122C-2)*.

17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).* On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

18. Copy your total average monthly income from line 11. \$5,828.00

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. - \$0.00

19b. **Subtract line 19a from line 18.** \$5,828.00

20. Calculate your current monthly income for the year. Follow these steps.

20a. Copy line 19b. \$5,828.00

Multiply by 12 (the number of months in a year). x 12

20b. The result is your current monthly income for the year for this part of the form. \$69,936.00

20c. Copy the median family income for your state and size of household from line 16c. \$130,239.00

21. How do the lines compare?

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

 /s/ Anthony J. DiNuova

Signature of Debtor 1

Date 05/20/2024
 MM/ DD/ YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

IN THE UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY
CAMDEN DIVISION

IN RE: **DiNuova, Anthony J.**

CASE NO 24-14168

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 05/20/2024 Signature */s/ Anthony J. DiNuova*
Anthony J. DiNuova, Debtor

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

JENKINS LAW GROUP
412 S. Whitehorse Pike
Audubon, NJ 08106
Phone: (856) 546-9696
Email: mail@jenkinslawgroup.com
Attorney for Debtor

In Re:

DiNuova, Anthony J.

Case No.: 24-14168

Chapter: 13

Judge: _____

DISCLOSURE OF CHAPTER 13 DEBTOR'S ATTORNEY COMPENSATION

1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the debtor(s) and that compensation was paid to me within one year before the filed date of the petition, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with this bankruptcy case is as follows:

Under D.N.J. LBR 2016-5(b), I have agreed to accept for all legal services required to confirm a plan, subject to the exclusions listed below, including administrative services that may occur postconfirmation, a flat fee in the amount of \$4,750.00. I understand that I must demonstrate that additional services were unforeseeable at the time of the filing of this disclosure if I seek additional compensation and reimbursement of necessary expenses.

Legal services on behalf of the debtor in connection with the following are not included in the flat fee:

Representation of the debtor in:

- adversary proceedings,
- loss mitigation/loan modification efforts,
- post-confirmation filings and matters brought before the Court.

I have received: \$0.00

The balance due is: \$4,750.00

The balance will not be paid through the plan.

Under D.N.J. LBR 2016-5(c), I have agreed to accept for legal services provided on behalf of the debtor in this case, an hourly fee of _____. The hourly fee charged by other members of my firm that may provide services to this client range from _____ to _____. I understand that I must receive the Court's approval of any fees or expenses to be paid to me in this case post petition pursuant to D.N.J. LBR 2016-1.

I have received: _____

2. The source of the funds paid to me was:

Debtor(s) Other (specify below)

3. If a balance is due, the source of future compensation to be paid to me is:

Debtor(s) Other (specify below)

4. I have or have not agreed to share compensation with another person(s) unless they are members of my law firm. If I have agreed to share compensation with a person(s) who is not a member of my law firm, a copy of that agreement and a list of the people sharing in the compensation is attached.

5. (a) The Debtor(s) agree that coverage counsel may appear at hearings on their behalf in lieu of counsel retained by Debtor(s) as needed. If possible, Debtor's counsel will advise Debtor(s) of the use of coverage counsel for any hearings prior to that hearing. Debtor(s) acknowledge that coverage counsel may not be a member of my firm and may or may not be compensated for their appearance.

/s/ AD

Debtor(s) Initials

Debtor(s) Initials

(b) The Debtor(s) DO NOT agree that coverage counsel may appear at hearings on their behalf in lieu of counsel retained by Debtor(s) as needed. All appearances related to the Debtor(s) matter will be made by me, the undersigned attorney, or members of my law firm.

Debtor(s) Initials

Debtor(s) Initials

6. The Debtor(s) have reviewed this Disclosure and it is consistent with the terms of the Retainer Agreement.

Date: 05/20/2024

/s/ Anthony J. DiNuova

Debtor

Date: _____

Joint Debtor

Date: 05/20/2024

/s/ Jeffrey Jenkins

Debtor's attorney